

EXHIBIT A

James S. Bennett
35146 Hogan Dr.
Beaumont Ca. 92223
(840)213-7160

FILED
SUPERIOR COURT OF CALIFORNIA
COUNTY OF SAN BERNARDINO
SAN BERNARDINO DISTRICT

MAR 14 2024

James S Bennett, in Pro Per

SUPERIOR COURT OF THE STATE OF CALIFORNIA

FOR THE COUNTY OF San Bernardino

James S. Bennett

No. CIV SB 2403305

Plaintiff,

vs. San Bernardino County
Child Support Ramon
Martinez and James Torres
Defendant.

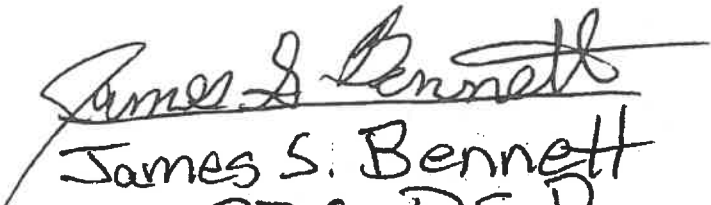
Complaint for Damages

In May of 2023 I requested a child support hearing to dispute my arrears. Child support did a audit and on July 28th 2023 they informed me they had overcharged me \$9,911.95 which they returned. Exhibit B is the audit. which shows that for the past 5 years child support enforced their collections. They suspended my license which deprived me of my right to drive and my right to work in my union.

42 U.S.C. 1983 ~~states~~ provides an individual the right to sue state government employees and others acting "under color of law" for Civil Rights Violations

1 Section 242 of Title 18 makes it a crime
2 for a person acting under color of any law
3 to willfully deprive a person of a right or
4 privilege protected by the Constitution or
5 laws of the United States.

6 Ramon Martinez and Janessa Torres
7 were both negligent in overseeing my
8 case. No one could figure out I was
9 being overcharged for 5 years? It
10 was me that disputed the arrears.
11 ~~Plaintiff~~ Plaintiff is seeking the
12 wages I should have made for the
13 5 years in the amount of \$641,035.00
14 as well as anything the court deems fit
15 for emotional distress and pain and suffering
16
17
18
19
20
21
22
23
24
25
26
27
28


James S. Bennett
IN PRO PER

| | | |
|---|--|---|
| ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): NICOLE B. CALDERA , CHILD SUPPORT CHIEF ATTORNEY DEPT OF CHILD SUPPORT SVCS LOMA LINDA 10417 MOUNTAIN VIEW AVE LOMA LINDA CA 92354-2030 | | FOR COURT USE ONLY |
| TELEPHONE NO.: (866) 901-3212 E-MAIL ADDRESS (Optional): csupport-mbx@css.sbcounty.gov ATTORNEY FOR (Name): Under Family Code §§ 17400 & 17406 | | 0710262020-04 FAX NO. (Optional): (909) 799-1210 |
| SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN BERNARDINO STREET ADDRESS: 351 N ARROWHEAD AVE MAILING ADDRESS: 351 N ARROWHEAD AVE CITY AND ZIP CODE: SAN BERNARDINO 92415-0210 BRANCH NAME: SAN BERNARDINO DISTRICT CHILD SUPPORT DIVISION | | |
| PLAINTIFF/PETITIONER: COUNTY OF SAN BERNARDINO DEFENDANT/RESPONDENT: JAMES S BENNETT | | |
| DECLARATION | | CASE NUMBER: SDASS142560 |

The Department is only charging child support for children Jeremiah Bennett and Adriana Bennett during their time in foster care only and not for James Bennett or Daniel Bennett. The Department charged child support per the judgment filed on 10/06/2004 in Riverside County which was registered in San Bernardino County on 06/23/2011. The child support order is \$507.00 per month (\$102 for James, \$152 for Jeremiah and \$253 for Adriana) effective 6/1/2004 but the audit only charged \$405.00 per month for Jeremiah and Adriana as they were foster care starting 08/2005 as foster care started on 8/2005. Prior to the audit, the Department was charging for James also but has determined that James was not in foster care. There was a judgment for child support filed on 11/04/2004 in San Bernardino County charging child support for \$631.00 per month for James, Jeremiah and Adriana but this order was set aside by an order filed on 08/22/2011. The child support order is now zero effective 08/01/2011 based on an order after hearing filed on 10/21/2011. From 08/01/2005 to 05/31/2023, Respondent is overpaid in the amount of \$9,911.95 for the children Jeremiah and Adriana only per the attached audit.

Date: 06/01/2023

(SIGNATURE OF DECLARANT)

☒ Attorney for ☐ Plaintiff ☐ Petitioner ☐ Defendant
☐ Respondent ☒ Other (Specify): DCSS

COPY Exhibit A

FL-687

GOVERNMENTAL AGENCY (under Family Code, §§ 17400, 17406): OR
 ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):
 NICOLE B. CALDERA, CHILD SUPPORT CHIEF ATTORNEY
 DEPT OF CHILD SUPPORT SVCS LOMA LINDA
 10417 MOUNTAIN VIEW AVE
 LOMA LINDA CA 92354-2030

0710262020-04

TELEPHONE NO.: (888) 901-3212

FAX NO.: (909) 799-1210

E-MAIL ADDRESS: csupport-mbx@css.sbcounty.gov

ATTORNEY FOR (name): Under Family Code §§ 17400 & 17406

SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN BERNARDINO

STREET ADDRESS: 351 N ARROWHEAD AVE

MAILING ADDRESS: 351 N ARROWHEAD AVE

CITY AND ZIP CODE: SAN BERNARDINO 92415-0210

BRANCH NAME: SAN BERNARDINO DISTRICT CHILD SUPPORT DIVISION

PETITIONER/PLAINTIFF: COUNTY OF SAN BERNARDINO

RESPONDENT/DEFENDANT: JAMES S BENNETT

OTHER PARENT: CHERYL BENNETT

FOR COURT USE ONLY

FILED
 SUPERIOR COURT OF CALIFORNIA
 COUNTY OF SAN BERNARDINO

JUL 28 2023

By Mirella Lopez
Mirella Lopez, Deputy

CASE NUMBER:
 SDASS142560

ORDER AFTER HEARING

1. This matter proceeded as follows: ☐ Uncontested ☐ By stipulation ☒ Contested
 a. Date: 07/17/2023 Dept.: S-49 Judicial officer: Commissioner Daniel C. Lough
 b. ☐ Petitioner/plaintiff present ☐ Attorney present (name):
 c. ☒ Respondent/defendant present ☐ Attorney present (name):
 d. ☐ Other parent/party present ☐ Attorney present (name):
 e. Local child support agency attorney (Family Code, §§ 17400, 17406) by (name): Jose Mejia
 f. ☐ Other (specify):

- g. The parent ordered to pay support is the ☐ petitioner/plaintiff ☒ respondent/defendant ☐ other parent/party.
 2. ☐ Attached is a computer printout showing the parents' income and percentage of time each parent spends with the children.
 The printout, which shows the calculation of child support payable, will become the court's findings.
 3. ☐ This order is based on the attached documents (specify):

THE COURT ORDERS

4. a. All orders previously made in this action remain in full force and effect except as specifically modified below.
 b. The parent ordered to pay support is the parent of and must pay current child support for the following children:

| Name of child | Date of birth | Monthly support amount |
|--------------------|---------------|------------------------|
| JAMES M BENNETT | 10/30/1997 | |
| JEREMIAH D BENNETT | 06/18/1999 | |
| ADRIANNA R BENNETT | 04/15/2001 | |
| DANIEL V BENNETT | 02/15/2004 | |

- (1) ☐ Mandatory additional child support.

- (a) The parent ordered to pay support must pay additional monthly support for reasonable child-care costs, as follows:

☐ One-half or ☐ % or ☐ (specify amount): \$ per month of the costs
 Payments must be made to the ☐ other parent ☐ State Disbursement Unit ☐ child-care provider.

- (b) The parent ordered to pay support must pay reasonable uninsured health-care costs for the children, as follows:

☐ One-half or ☐ % or ☐ (specify amount): \$ per month of the costs
 Payments must be made to the ☐ other parent ☐ State Disbursement Unit ☐ health-care provider.

NOTICE: Any party required to pay child support must pay interest on overdue amounts at the legal rate, which is currently 10 percent per year.

Page 1 of 3



Exhibit A

FL-687

PETITIONER/PLAINTIFF: COUNTY OF SAN BERNARDINO
 RESPONDENT/DEFENDANT: JAMES S BENNETT
 OTHER PARENT/PARTY: CHERYL BENNETT

CASE NUMBER:
 SDASS142660

4. i. If "The parent ordered to pay support" box is checked in item 4c, a health insurance coverage assignment must issue.
 j. The parents must notify the local child support agency in writing within 10 days of any change in residence or employment.
 k. The form *Notice of Rights and Responsibilities (Health-Care Costs and Reimbursement Procedures)* and *Information Sheet on Changing a Child Support Order* (form FL-192) is attached.

l. ☐ The following person (the "other parent/party") is added as a party to this action (name):

m. ☒ The court further orders (specify):

JAMES S BENNETT's Request for Order re: Dismiss Child Support Arrears due to Overpayment filed on 03/15/23 is granted.

The court finds as of June 2023 an overpayment by James Bennett in the amount of \$9,911.95.

The court orders the Department of Child Support Services to refund overpayment in the amount of \$9,911.95 to James S Bennett.

The Court orders JAMES S BENNETT to pay undetermined arrears payable at the rate of \$0.00 per month commencing 8/1/2023.

JUL 28 2023

Date:

Robert Nagby

JUDICIAL OFFICER

Number of pages attached: 2☐ SIGNATURE FOLLOWS LAST ATTACHMENT

Approved as conforming to court order.

Date:

(SIGNATURE OF ATTORNEY FOR THE PARENT ORDERED TO PAY SUPPORT)

Split PRWORA Report All Debt Types (Balances)

#9 Exhibit B

Case: 0710262020-04-1
 Manage Cnty: San Bernardino
 CP: ISOLDE ALDRICH
 NCP: JAMES BENNETT
 Court Order: SDA136006

| | | | |
|---------------------------------------|-----------|---------------------|-----------|
| Total Current Charges | 29,160.00 | Total Principal Due | -9,911.95 |
| Total Arrears/Adjustments (Principal) | 0.00 | Total Interest Due | 0.00 |
| Total Interest Charges | 7,520.18 | Balance Due | -9,911.95 |
| Total Arrears/Adjustments (Interest) | 0.00 | | |
| Total Amount Paid | 46,592.13 | | |
| Balance Due | -9,911.95 | | |

| Date | Curr Charge | Total Paid | PA Balance Int | Prin | UAP |
|---------|-------------|------------|-------------------|----------|-----|
| 08-2005 | 405.00 | 0.00 | 3.37 | 405.00 | |
| 09-2005 | 405.00 | 0.00 | 10.12 | 810.00 | |
| 10-2005 | 405.00 | 0.00 | 20.24 | 1,215.00 | |
| 11-2005 | 405.00 | 0.00 | 33.74 | 1,620.00 | |
| 12-2005 | 405.00 | 0.00 | 50.61 | 2,025.00 | |
| 01-2006 | 405.00 | 0.00 | 70.86 | 2,430.00 | |
| 02-2006 | 405.00 | 0.00 | 94.48 | 2,835.00 | |
| 03-2006 | 405.00 | 0.00 | 121.48 | 3,240.00 | |
| 04-2006 | 405.00 | 0.00 | 151.85 | 3,645.00 | |
| 05-2006 | 405.00 | 0.00 | 185.60 | 4,050.00 | |
| 06-2006 | 405.00 | 0.00 | 222.72 | 4,455.00 | |
| 07-2006 | 405.00 | 0.00 | 263.22 | 4,860.00 | |
| 08-2006 | 405.00 | 0.00 | 307.09 | 5,265.00 | |
| 09-2006 | 405.00 | 0.00 | 354.34 | 5,670.00 | |
| 10-2006 | 405.00 | 0.00 | 404.96 | 6,075.00 | |
| 11-2006 | 405.00 | 0.00 | 458.96 | 6,480.00 | |
| 12-2006 | 405.00 | 0.00 | 516.33 | 6,885.00 | |
| 01-2007 | 405.00 | 0.00 | 577.08 | 7,290.00 | |
| 02-2007 | 405.00 | 0.00 | 641.20 | 7,695.00 | |
| 03-2007 | 405.00 | 0.00 | 708.70 | 8,100.00 | |
| 04-2007 | 405.00 | 0.00 | 779.57 | 8,505.00 | |
| 05-2007 | 405.00 | 0.00 | 853.82 | 8,910.00 | |
| 06-2007 | 405.00 | 35.85 | 931.15 | 9,279.15 | |
| 07-2007 | 405.00 | 600.18 | 813.30 | 9,279.15 | |
| 08-2007 | 405.00 | 558.52 | 737.11 | 9,279.15 | |
| 09-2007 | 405.00 | 558.52 | 660.92 | 9,279.15 | |
| 10-2007 | 405.00 | 639.72 | 503.53 | 9,279.15 | |
| 11-2007 | 405.00 | 453.48 | 532.38 | 9,279.15 | |
| 12-2007 | 405.00 | 639.99 | 374.72 | 9,279.15 | |
| 01-2008 | 405.00 | 558.63 | 298.42 | 9,279.15 | |
| 02-2008 | 405.00 | 558.63 | 222.12 | 9,279.15 | |
| 03-2008 | 405.00 | 558.63 | 145.82 | 9,279.15 | |
| 04-2008 | 405.00 | 630.44 | 75.41 | 9,199.53 | |
| 05-2008 | 405.00 | 539.47 | 77.42 | 9,140.47 | |
| 06-2008 | 405.00 | 1,708.58 | 64.87 | 7,914.31 | |
| 07-2008 | 405.00 | 1,368.35 | 59.42 | 7,015.83 | |
| 08-2008 | 405.00 | 679.46 | 57.60 | 6,800.79 | |
| 09-2008 | 405.00 | 715.41 | 53.67 | 6,547.98 | |
| 10-2008 | 405.00 | 544.72 | 54.73 | 6,461.93 | |
| 11-2008 | 405.00 | 491.68 | 52.70 | 6,429.98 | |
| 12-2008 | 405.00 | 544.78 | 53.72 | 6,342.90 | |
| 01-2009 | 405.00 | 290.76 | 107.59 | 6,457.14 | |
| 02-2009 | 405.00 | 545.16 | 156.05 | 6,316.98 | |
| 03-2009 | 405.00 | 398.00 | 209.70 | 6,323.98 | |
| 04-2009 | 405.00 | 448.00 | 261.32 | 6,280.98 | |
| 05-2009 | 405.00 | 448.00 | 314.30 | 6,237.98 | |
| 06-2009 | 405.00 | 448.00 | 365.22 | 6,194.98 | |
| 07-2009 | 405.00 | 599.23 | 416.19 | 6,000.75 | |
| 08-2009 | 405.00 | 336.00 | 467.16 | 6,069.75 | |
| 09-2009 | 405.00 | 599.83 | 515.45 | 5,874.92 | |
| 10-2009 | 405.00 | 448.00 | 564.98 | 5,831.92 | |
| 11-2009 | 405.00 | 448.00 | 612.56 | 5,788.92 | |
| 12-2009 | 405.00 | 448.00 | 661.36 | 5,745.92 | |
| 01-2010 | 405.00 | 224.00 | 710.16 | 5,926.92 | |
| 02-2010 | 405.00 | 533.53 | 754.64 | 5,798.39 | |
| 03-2010 | 405.00 | 448.00 | 803.52 | 5,755.39 | |

Exhibit B

| Date | Curr Charge | Total Paid | PA Balance Int | Prin | UAP |
|---------|-------------|------------|----------------|-----------|-----|
| 06-2016 | 0.00 | 0.00 | 5,211.66 | 3,033.92 | |
| 07-2016 | 0.00 | 0.00 | 5,237.36 | 3,033.92 | |
| 08-2016 | 0.00 | 169.25 | 5,261.62 | 2,864.67 | |
| 09-2016 | 0.00 | 234.77 | 5,283.18 | 2,629.90 | |
| 10-2016 | 0.00 | 0.00 | 5,305.46 | 2,629.90 | |
| 11-2016 | 0.00 | 319.70 | 5,324.40 | 2,310.20 | |
| 12-2016 | 0.00 | 127.90 | 5,342.88 | 2,182.30 | |
| 01-2017 | 0.00 | 652.24 | 5,355.88 | 1,530.06 | |
| 02-2017 | 0.00 | 191.91 | 5,366.15 | 1,338.15 | |
| 03-2017 | 0.00 | 272.66 | 5,375.20 | 1,065.49 | |
| 04-2017 | 0.00 | 286.66 | 5,381.60 | 778.83 | |
| 05-2017 | 0.00 | 167.00 | 5,386.80 | 611.83 | |
| 06-2017 | 0.00 | 131.84 | 5,390.75 | 479.99 | |
| 07-2017 | 0.00 | 70.34 | 5,394.23 | 409.65 | |
| 08-2017 | 0.00 | 164.90 | 5,396.31 | 244.75 | |
| 09-2017 | 0.00 | 131.96 | 5,397.24 | 112.79 | |
| 10-2017 | 0.00 | 164.99 | 5,345.04 | 0.00 | |
| 11-2017 | 0.00 | 165.96 | 5,179.08 | 0.00 | |
| 12-2017 | 0.00 | 195.92 | 4,983.16 | 0.00 | |
| 01-2018 | 0.00 | 146.97 | 4,836.19 | 0.00 | |
| 02-2018 | 0.00 | 767.96 | 4,068.23 | 0.00 | |
| 03-2018 | 0.00 | 615.20 | 3,453.03 | 0.00 | |
| 04-2018 | 0.00 | 307.67 | 3,145.36 | 0.00 | |
| 05-2018 | 0.00 | 0.00 | 3,145.36 | 0.00 | |
| 06-2018 | 0.00 | 0.00 | 3,145.36 | 0.00 | |
| 07-2018 | 0.00 | 0.00 | 3,145.36 | 0.00 | |
| 08-2018 | 0.00 | 707.74 | 2,437.62 | 0.00 | |
| 09-2018 | 0.00 | 923.14 | 1,514.48 | 0.00 | |
| 10-2018 | 0.00 | 967.54 | 546.94 | 0.00 | |
| 11-2018 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 12-2018 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 01-2019 | 0.00 | 98.22 | 0.00 | -866.08 | |
| 02-2019 | 0.00 | 98.22 | 0.00 | -964.30 | |
| 03-2019 | 0.00 | 49.11 | 0.00 | -1,013.41 | |
| 04-2019 | 0.00 | 196.44 | 0.00 | -1,209.85 | |
| 05-2019 | 0.00 | 147.36 | 0.00 | -1,357.21 | |
| 06-2019 | 0.00 | 245.60 | 0.00 | -1,602.81 | |
| 07-2019 | 0.00 | 196.48 | 0.00 | -1,799.29 | |
| 08-2019 | 0.00 | 196.48 | 0.00 | -1,995.77 | |
| 09-2019 | 0.00 | 147.37 | 0.00 | -2,143.14 | |
| 10-2019 | 0.00 | 294.75 | 0.00 | -2,437.89 | |
| 11-2019 | 0.00 | 147.37 | 0.00 | -2,585.26 | |
| 12-2019 | 0.00 | 245.63 | 0.00 | -2,830.89 | |
| 01-2020 | 0.00 | 98.25 | 0.00 | -2,929.14 | |
| 02-2020 | 0.00 | 147.37 | 0.00 | -3,076.51 | |
| 03-2020 | 0.00 | 49.13 | 0.00 | -3,125.64 | |
| 04-2020 | 0.00 | 0.00 | 0.00 | -3,125.64 | |
| 05-2020 | 0.00 | 1,591.58 | 0.00 | -4,717.22 | |
| 06-2020 | 0.00 | 381.48 | 0.00 | -5,098.70 | |
| 07-2020 | 0.00 | 381.48 | 0.00 | -5,480.18 | |
| 08-2020 | 0.00 | 479.74 | 0.00 | -5,959.92 | |
| 09-2020 | 0.00 | 572.22 | 0.00 | -6,532.14 | |
| 10-2020 | 0.00 | 381.48 | 0.00 | -6,913.62 | |
| 11-2020 | 0.00 | 381.48 | 0.00 | -7,295.10 | |
| 12-2020 | 0.00 | 381.48 | 0.00 | -7,676.58 | |
| 01-2021 | 0.00 | 381.48 | 0.00 | -8,058.06 | |
| 02-2021 | 0.00 | 381.48 | 0.00 | -8,439.54 | |
| 03-2021 | 0.00 | 476.87 | 0.00 | -8,916.41 | |
| 04-2021 | 0.00 | 286.13 | 0.00 | -9,202.54 | |
| 05-2021 | 0.00 | 0.00 | 0.00 | -9,202.54 | |
| 06-2021 | 0.00 | 459.03 | 0.00 | -9,661.57 | |
| 07-2021 | 0.00 | 166.92 | 0.00 | -9,828.49 | |
| 08-2021 | 0.00 | 83.46 | 0.00 | -9,911.95 | |
| 09-2021 | 0.00 | 0.00 | 0.00 | -9,911.95 | |
| 10-2021 | 0.00 | 0.00 | 0.00 | -9,911.95 | |
| 11-2021 | 0.00 | 0.00 | 0.00 | -9,911.95 | |
| 12-2021 | 0.00 | 0.00 | 0.00 | -9,911.95 | |
| 01-2022 | 0.00 | 0.00 | 0.00 | -9,911.95 | |
| 02-2022 | 0.00 | 0.00 | 0.00 | -9,911.95 | |
| 03-2022 | 0.00 | 0.00 | 0.00 | -9,911.95 | |
| 04-2022 | 0.00 | 0.00 | 0.00 | -9,911.95 | |
| 05-2022 | 0.00 | 0.00 | 0.00 | -9,911.95 | |
| 06-2022 | 0.00 | 0.00 | 0.00 | -9,911.95 | |
| 07-2022 | 0.00 | 0.00 | 0.00 | -9,911.95 | |

lawhelp.ca.org



*Leave to present
late claim*

222 West Hospitality Lane, Third Floor, San Bernardino, CA 92415

www.SBCounty.gov

**Department of
Risk Management**

Victor Tordesillas
Director

Phone Number
909.386.8655

September 15, 2023

James Bennett
35148 Hogan Dr.
Beaumont, CA 92223

Fax Numbers

Admin/Fiscal: 909.382.3211

Workers Comp: 909.386.8711

Liability: 909.382.3211

Safety: 909.382.3212

RE: Claimant..... James Bennett
Date of Loss..... 11/01/2018
Amount of Claim..... Undetermined
Our File..... 145558

*The date when I
was made aware of the overcharging
was July of 2023. and it began
in 8-1-2005, so from
2005 until 2023 is
how long I was overcharged*

Notice is hereby given that the claim you presented to the County of San Bernardino on September 12, 2023 is being returned because it was not presented within six (6) months after the event or occurrence as required by law. See Section 901 and 911.2 of the Government Code. Because the claim was not presented within the time allowed by law, no action was taken on your claim.

Your only recourse at this time is to apply without delay to the County of San Bernardino for leave to present a late claim. See Section 911.4 to 912.2 inclusive, and Section 946.6 of the Government Code. Under some circumstances, leave to present a late claim will be granted. See Section 911.6 of the Government Code.

You may seek the advice of an attorney of your choice in connection with this matter. If you desire to consult an attorney, you should do so immediately.

Respectfully,

Sophia Salas
Liability Claims Rep II
(909) 386-8638
DEPARTMENT OF RISK MANAGEMENT

*Please see attached
Document*

SEP 12 PM 12:26

SAN BERNARDINO COUNTY
RISK MANAGEMENT

BSWARc

BOARD OF SUPERVISORS

COL. PAUL COOK (RET)
Vice Chairman, First District

JESSIE ARMENDARIZ
Second District

DAWN ROWE
Chair, Third District

CURT HAGMAN
Fourth District

JOE BACA, JR.
Fifth District

CLAIM AGAINST SAN BERNARDINO COUNTY

(CLAIM FORM MUST BE FILLED OUT PROPERLY OR CLAIM WILL BE RETURNED WITHOUT FILING)

DATE:

8-28-2023

Claim is hereby made against the treasury of the County of San Bernardino, State of California, as follows:

• Less than \$10,000 -- State the total amount claimed \$

• More than \$10,000 -- Check one of the boxes:

☐ Municipal Court Jurisdiction (\$10,000 - \$25,000)

Superior Court Jurisdiction (\$25,001 and up)

Claimant makes the following statements in support of the claim:

1. Name of Claimant:

James Sheldon Bennett (909) 265-5039
First Middle Last (Area Code and Phone No.)

2. Address of Claimant:

35146 Hogan Dr. Beaumont Ca 92223
Street City Zip Code

Gender:



Male

☐ Female

Date of Birth:

09/30/1971

SS# (optional):

555-99-6038

*** (The Information Requested is Mandatory if Presenting Claim For Bodily Injury) ***

3. Notices concerning claim should be sent to:

James Bennett 35146 Hogan Dr. Beaumont Ca. 92223
Name Address Zip Code (Area Code and Phone No.)

4. Circumstances giving rise to claim are as follows:

I November of 2018 Child support began over charging me for 5 years. I was deprived of my drivers license which deprived me of my Union Job. Under 42 USC 1983, I am suing for Deprivation of Rights, Negligence, as well as fraud.

5. Date, Time and Place (city, street, cross-street) damage occurred and nature thereof:

November of 2018 until June of 2023.

6. Public property and/or public officers or employees causing injury, damage or loss:

San Bernardino Child Support and any employee involved with my case

7. Name, address and telephone number of witnesses:

Ralph Child Support attorney, The Judge

8. Basis of computation of claimed amount is as follows:

Medical expenses to date

Estimated future medical expenses

Other expenses

Other damages

29,360,000

Loss wages

General damages

Property damage

16,400,000.00
30,000,000.00James Bennett
Claimant or Representative (Signature)

Office: (909) 386-8831

Fax: (909) 386-3211

RETURN COMPLETED FORM TO:

Risk Management Division - San Bernardino County, State of California
222 W. Hospitality Lane, 3rd Floor
San Bernardino, CA 92415-0018SAN BERNARDINO COUNTY
RISK MANAGEMENT

SEP 12 PM 2:45

Revised 7-2021